Date: February 14, 2006



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Gregory B. Wilson and R. Riley Shuler

Serial No.: 09/776,010 Examiner: Bao Qun Li

Filed: February 2, 2001 Group Art Unit: 1648

FOR : HUMAN HERPESVIRUS 6A AND 6B TRANSFER FACTORS FOR THE

TREATMENT OF CHRONIC FATIGUE SYNDROME AND MULTIPLE SCLEROSIS

Mail Stop RCE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously

established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number	Highest	Number of	RATE			FEE	
	after Amend- ment	Number Previously Paid For <sup>1</sup>	Extra Claims Presented	Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	11 -	* 20 =	*** 0 <sub>X</sub>	\$25	\$50	=	0	
Indepen -dent Claims	4	** 4 =	*** 0 <sub>X</sub>	\$100	\$200	=	0	
Multiple For Firs	<del>-</del>	t Claim(s) Pr Yes <u>X</u>	esented _No	\$180	\$360	=	0	
				TOTAL A	DDITIONA		\$ 0	

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

<sup>\*</sup> If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

<sup>\*\*\*</sup> If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): Gregory B. Wilso	on et al.					
Serial No. : 09/776,010						
iled : February 2, 2001						
Amendment Transmittal Letter Page 2						
The following are also enclose	e <b>d</b> :					
XOne additional copy of	this Amendment Transmittal Letter					
X Return Receipt Postcard						
	re Statement, including Form PTO-1449  Lluded: Yes No  included)					
	xtension of Time, including a fee of Petition for 5 Month(s) Extension of Time					
X: Other (identify): Reques	st for Continued Examination					
<del></del>	<del></del>					
<del></del>						
THE TOTAL FEE DUE IS \$ 1475.00	<u>)                                    </u>					
X A check in the amount of	f \$ 1475.00 is enclosed.					
Please charge Deposit Ac	count No in the amount of					
\$						
XThe Commissioner is herely required or credit any o as follows:	oy authorized to charge any additional fees verpayment to Deposit Account No. 03-3125					
X Fees under 37 C.F.R Patent application	. §1.16 for the presentation of extra claims processing fees under 37 C.F.R. §1.17					
	Respectfully submitted,					
I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with	John P. White Registration No. 28,678					
sufficient postage as first class mail in an envelope addressed to:	Alan J. Morrison					
Mail Stop RCE Commissioner for Patents	Registration No. 37,399 Attorneys for Applicant(s)					
P.O. Box 1450 Alexandria, VA 22313-1450.	Cooper & Dunham LLP (Customer #23432)					
2/14/06	1185 Avenue of the Americas New York, New York 10036					
Alan J. Morrison Date Reg. No. 37,399	(212) 278-0400					